Fieldwork Participation and Waiver Form

You have an opportunity to participate in fieldwork as part of Psych 455. Travel will be by college van if needed.

**To contact in case of emergency:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relationship (Parent/Guardian/Other) | Relationship (Parent/Guardian/Other) | |
| Name |  |  | |
| Home Phone |  |  | |
| Work Phone |  |  | |
| Mobile Phone |  |  | |
| Primary Care Provider |  | |
| Phone Number |  | |
| Special Medical Conditions |  | |

**Statement of Agreement:**

I agree to abide by the terms of this Fieldwork Participation Agreement and Waiver Form as set forth above and below (this “Agreement”) to participate in this course. I understand that any shortcomings in fulfilling these responsibilities may affect my evaluation in the course and may cause me to be dropped from it at any point in the semester. I agree to the following:

1. I understand that I am representing Hamilton College at all times during this experience and will act responsibly and respectfully toward the staff, volunteers, and students at the Partner site(s).
2. I will be prompt and consistent in attendance at my field placement, and conduct myself in a professional manner at all times. In case of an unavoidable absence (such as illness), I will inform both my field placement supervisor and the course instructor as far in advance of the anticipated absence as possible.
3. I understand that any activities or experiences in which I participate must be approved in advance by the field instructor and the course instructor. I will conduct all activities according to the protocols which I will have developed in advance, with the approval of both my field placement supervisor and the course instructor, and will not deviate from those protocols without their advance approval.
4. I will not undertake any research that will be used outside of the classroom while participating in this field placement. I also understand that any observations, information gathered, or work done during my time with the Partner cannot be used for any future research.
5. I understand that, due to the nature of my work, I may be exposed to information of a confidential and sensitive nature. I will learn and adhere to all relevant HIPAA regulations concerning patient and participant privacy and related permissions. I will divulge no patient information without appropriate consent on behalf of the participant, and prior approval of both my field placement supervisor and the course instructor. All observations, data, and information gathered at the field placement setting regarding the program participants or the setting itself or its employees will be held in strict confidence. No identifiable information will be shared beyond the field study course.
6. I will immediately notify Professor Jacobson or the Partner site coordinator of any problems or concerns regarding my internship activities (e.g. unsafe driving, inappropriate requests, sexual harassment, abusive treatment).
7. I understand that transportation is provided for me to my Partner site from the first day of classes to the last day of final exams, and I am permitted to use it or I need to sign an additional waiver to use my own vehicle. I also understand that any night or weekend work is strictly voluntary, and transportation will not be provided.
8. In case of a medical emergency, I grant the College personnel the right to authorize medical care, if none of the persons named above can be reached.
9. The College is not responsible for damage or loss of property personally owned by me.
10. I understand that I am responsible for the management of my personal medications and that I may elect to disclose and am responsible for disclosing any medical condition that may require special consideration or treatment in the event of an emergency.
11. I understand that I am expected to adhere to the College Code of Conduct while participating in the internship and that failure to comply with the Code of Conduct may result in disciplinary action. Additionally, I understand that faculty/staff directors of the fieldwork may request specific conduct that is relevant to the placement and I agree to follow those behaviors stipulated by faculty/staff directors.
12. I understand that my participation is voluntary and that I voluntarily acknowledge, accept and assume all risks of injury to myself or damage to my property whether or not presently foreseeable and whether or not caused by the negligent acts or omissions of others, and irrevocably and unconditionally release and forever discharge the College, its trustees, officers, employees and agents (the “College Parties”) from any and all claims I may have in the future, waive all such claims, and agree not to sue the College Parties for any such claims, arising out of my participation in the event or other related activities or transportation to and from the event, including but not limited to claims arising out of the negligent acts or omissions of any or all of the College Parties or others. Further, I agree to indemnify, defend and hold harmless the College Parties from any and all liability, damages, losses, claims, and/or causes of action arising out of or in connection with my participation in the event; provided that the foregoing shall not apply to injuries or damages arising out of the sole negligence of the College Parties.

By my signature below, I acknowledge that I have read, understand, and agree to the terms of this Agreement. I understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of New York and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement shall be binding upon me, as well as my successors, executors, personal representatives, heirs and assigns.   
  
Print Name Date

Signature

Signature of Parent / Guardian Date

(If the participant is under 18 years of age)